



APPLICATION FOR EMS VEHICLE PERMIT



Office of Emergency Medical Services
109 Governor Street, Suite UB-55 / Richmond, VA 23219
Telephone: 1-800-523-6019 (Va Only) or 1-804-864-7600
FAX: (804) 864-7580 / www.vdh.virginia.gov/oems

Agency Name: _____ Agency No: _____ County _____

Address: _____ Phone No: (_____) _____

_____ Fax No: (_____) _____

Vehicle Owner: _____ GVWR _____ Cert. Wt. _____

Application will not be processed without a certified vehicle weight slip and copy of vehicle registration as provided by DMV. (See § 12 VAC 5-31-700.3)

Weight Slip Attached ☐ Copy of Vehicle Registration Attached ☐ Unit # _____

Year: _____ Make: _____ Model: _____ Type: _____ Color: _____

DMV Tag Number: _____ Mileage: _____ 4x4 ☐ Yes ☐ No

Location where vehicle is to be stationed: _____
(provide station number & street address)

Vehicle Classification (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Nontransport Response Vehicle | <input type="checkbox"/> Ground Ambulance | <input type="checkbox"/> Air Ambulance | <input type="checkbox"/> Wheelchair ITV |
| <input type="checkbox"/> Temporary Reserve Vehicle | <input type="checkbox"/> Permanent Reserve | <input type="checkbox"/> Additional Vehicle | <input type="checkbox"/> Other |

Is vehicle currently licensed to another Virginia EMS Agency? ☐ Yes ☐ No

If yes, Agency Name: _____ Unit # _____

If you have a vehicle to be removed from service, please complete this section.

Unit # _____ VIN # _____ DMV Tag # _____

Year: _____ Make: _____ Model: _____ Type: _____ Color: _____

(Print Your Name) (Your Title) (Date)

I, _____, an authorized agent of _____
(Signature) (Name of Agency)

attest that the organization/agency and vehicles are in compliance with all EMS and other applicable regulations. The organization/agency and I understand that failure to maintain compliance with all applicable regulations may result in regulatory action against myself &/or the agency.

EMS

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